

Supplemental Application Data Sheet

Application Information

<u>Application Number::</u>	<u>10/561,509</u>
<u>Filing Date::</u>	<u>December 20, 2005</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	VERTEBRAL OSTEOSYNTHESIS EQUIPMENT
Attorney Docket Number::	0573-1024
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-LUC
Middle Name::
Family Name:: CLEMENT
Name Suffix::
City of Residence:: LA COLLE SUR LOUP
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 230 CHEMIN DE MONTFORT

City of Mailing Address:: LA COLLE SUR LOUP
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06480

Applicant Two Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: VINCENT
Middle Name::
Family Name:: FIERE
Name Suffix::
City of Residence:: LYON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 50 BOULEVARD DES BELGES

City of Mailing Address:: LYON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69006

Applicant Three Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: TAYLOR
Name Suffix::
City of Residence:: CANNES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: VILLA PORALTO
25 AVENUE DE PORALTO
City of Mailing Address:: CANNES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06400

Applicant Four Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: YVES
Middle Name::
Family Name:: ADAM
Name Suffix::
City of Residence:: AUTHIE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 4 ROUTE DE SAINT LOUET
City of Mailing Address:: AUTHIE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-14280

Applicant Five Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BERNARD
Middle Name::
Family Name:: VILLARET
Name Suffix::
City of Residence:: CROIX-CHAPEAU
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 20 RUE DE SALLES
City of Mailing Address:: CROIX-CHAPEAU
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-17220

Correspondence Information

Correspondence Customer Number::	00466
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Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

This application	National Stage of	PCT/IB2004/002463	6/24/04
PCT/IB2004/002463	An application claiming the benefit under 35 USC 119(e)	60/490,519	7/29/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/07776	6/27/03	Yes
FRANCE	04/00747	1/27/04	Yes
FRANCE	04/03413	4/1/04	Yes

Assignment Information

Assignee Name::	<u>MEDICREA TECHNOLOGIES</u>
Street of Mailing Address::	<u>Z.I. CHEF DE BALE</u>
City of Mailing Address::	<u>LA ROCHELLE</u>
State or Province of Mailing Address::	
Country of Mailing Address::	<u>FRANCE</u>
Postal or Zip Code of Mailing Address::	<u>F-17000</u>